(c) Intensive efforts are being made to achieve the targets set under the Family Welfare Programme through close monitoring and supervision, improvement and strengthening of services, inter-departmental coordination, involvement of non-Governmental/ voluntary organisations and increased communication and media activities. The States have been advised to organise camps for sterilisation on one fixed day every week in each block, level PHC from September, 1986 onwards.

Creation of Posts in Central Board of Secondary Education

263. SHRI J. P. GOYAL:
SHRI VIRENDRA VERMA:

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether it is a fact that while there is only one post of Secretary in the Central Board of Secondary Education, three posts of equivalent rank were created in violation of the ban on the creation of new posts;

(b) whether it is also a fact that there has been growing discontent because of the arbitrary functioning of the Chairman, Central Board of Secondary Education, adversely affecting the coordination among the Board's units as well as with sister organisations like the Kendriya Vidyalaya Sangathan, National Council of Educational Research & Training and the Delhi Administration; and

(c) whether Government have made any inquiry into the working of the Central Board of Secondary Education, if so, what is the outcome thereof stating the measures taken/proposed to be taken by Government in the matter?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI): (a) The Central Board of Secondary Education (CBSE) entrusted a study on organisation and management of the Board to the Indian Institute of Public Administration (IIPA). On the basis of the recommendations contained in the report of the IIPA, three posts, namely, Controller of Examinations, Director (Academic) and Director (Open School) equivalent to Secretary (CBSE), were created in 1983. The ban on creation of new posts was imposed in January, 1984, i.e. after the creation of these posts.

(b) No, Sir.

(c) No, Sir.

Kala-Azar Disease

264. SHRI J. P. GOYAL:
SHRI SATYA PRAKASH MALAVIYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Kala-azar has taken an epidemic form in certain States in the country;

(b) if so, which of the States are most affected by the disease stating the number of cases reported during the year 1986 (till date);

(c) whether any nation-wide programme was initiated by Government to control and check the spread of the disease; if so, what are the details thereof stating the percentage by which the number of cases have been reduced; and

(d) what is the nature and the quantum of the Central assistance given to the affected States to fight the epidemic of Kala-azar?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b)

Bihar and West Bengal are endemic for Kala-azar. As per reports received from the State Health authorities, the number of cases reported during current year are as under:—

Bihar . . .	5191
West Bengal . . .	1456

(c) Since Kala-azar is confined to a few States only, no nation-wide Programme has been so far launched. However, the Dte. NMEP is monitoring the incidence of Kala-azar in the country based on the reports submitted by States/Union Territories. The Dte. NMEP/NICD are also rendering technical guidance to States to control the disease and other remedial measures which includes house to house case finding, entomological studies training programmes, insecticidal spray etc. are being undertaken.

(d) No separate funds are available for Kala-azar control. However, required quantities of insecticides for Kala-azar control are supplied to States out of NMEP budget on 50:50 cost sharing basis between States and Central Government.

Death of infants by oral application of non-essential drugs

266. SHRI V. NARAYANASAMY
SHRI D. B. CHANDRE GOWDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to report which appeared in the 'Indian Express' of 28th September, 1986 to the effect that non-essential drugs kill 1.5 million infants;

(b) what action has been taken by Government to avoid large scale death of infants by the oral application of non-essential drugs; and

(c) whether Government propose to ban these non-essential drugs which are use-less, hazardous and counter productive?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The Government is not aware of any authentic evidence that 1.5 million infants have died due to consumption of non-essential drugs as stated in the Press report.

(c) There is no mention of any specific drug which has caused death of infants, in the press report. As such the Question of banning 'these' drugs does not arise.

266. [*Transferred to the 14th November*, 1986.]

Deaths caused by Measles

267. SHRIMATI RENUKA CHOWDHURY:
SHRI TALARI MANOHAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a news item that appeared in the 'Times of India' dated the 10th October, 1986 according to which measles has caused 18 deaths in Himachal Pradesh; and

(b) whether it is also a fact that despite widespread recurrence of measles, no serious effort has been made to develop anti-measles vaccine in the country?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The Department of Biotechnology is shortly going to decide upon the process technology for production of measles vaccine. It is expected that the indigenous production of this vaccine would start during the Seventh Five Year Plan.